

Best Available Copy

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
8/99806  
APPLICANT(S)

FILING DATE  
12-29-97

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		1	1				52		1				
3		2		1			53			1			
4		2		1			54						
5		1		1			55						
6		1		1			56						
7		2		1			57						
8		1		1			58						
9		1		1			59						
10		2		1			60						
11		2		1			61						
12		2		1			62						
13		1		1			63						
14		1		1			64						
15	/						65						
16	/						66						
17	/						67						
18	/						68						
19	/						69						
20	/						70						
21	/						71						
22	/						72						
23	/						73						
24	/						74						
25	/						75						
26		1			1		76						
27		1			1		77						
28	/						78						
29		1			1		79						
30		1			1		80						
31		1			1		81						
32		1			1		82						
33	/						83						
34	/						84						
35							85						
36					1		86						
37					1		87						
38					1		88						
39					1		89						
40					1		90						
41					1		91						
42					1		92						
43					1		93						
44					1		94						
45					1		95						
46					1		96						
47					1		97						
48					1		98						
49					1		99						
50					1		100						
TOTAL IND.	15		15				TOTAL IND.	1					
TOTAL DEP.	25		30				TOTAL DEP.	2					
TOTAL CLAIMS	40		45				TOTAL CLAIMS	3					